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Bib Data Sheet

CONFIRMATION NO. 5313

|   |   |                                |   |                                       |
|---|---|--------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/788,179  | <b>FILING DATE</b><br>02/16/2001<br><b>RULE</b>   | <b>CLASS</b><br>382            | <b>GROUP ART UNIT</b><br>2621   | <b>ATTORNEY DOCKET NO.</b><br>283-304 |
| <b>APPLICANTS</b><br>BL Timothy P. Meier, Camillus, NY;<br>Joseph Sakal, Skaneateles, NY;<br>William Havens, Marcellus, NY;<br>Charles Barber, Fayetteville, NY;<br>George S. Smith II, Manlius, NY;  |   |                                |   |                                       |
| <b>** CONTINUING DATA *****</b> NO<br>BL  |   |                                |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b> NO<br>BL   |   |                                |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/09/2001</b>  |   |                                |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |   | <b>STATE OR COUNTRY</b><br>NY  | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>20             |
| Examiner's Signature <i>[Signature]</i> Initials <i>BL</i>  |   | <b>INDEPENDENT CLAIMS</b><br>1 |   |                                       |
| <b>ADDRESS</b><br>George S. Blasiak<br>WALL MARJAMA & BILINSKI<br>Suite 400<br>101 South Salina Street<br>Syracuse, NY 13202  |   |                                |   |                                       |
| <b>TITLE</b><br>Identification card reader  |   |                                |   |                                       |
| <b>FILING FEE RECEIVED</b><br>840   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |